U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFU	ULLY BEFOR	E PREPARING THIS REPORT.	
E (NG15205			
· CMS OF	1		
I. File Number U - 6.158	2. Fiscal	ear Covered From:	
	,	1 / 1 / 2004 Thr	rough: 12 / 31 / 2004
s. Name and address of person filing.	4. Name,	file number, and address of laboration	or organization.
Name Edison Keomaka	Name	O.P.C.M.I.A., Local	Union #630
	Labor (Organization File Number 037	7-279
P.O. Box, Bldg., Room No., if any	P.O. B	ox, Building and Room Number,	if any
Street 2251 North School Street	Street	2251 North School St	
City Honolulu	City	Honolulu	
State Hawaii ZIP Code + 4 96819	State	Hawaii	ZIP Code + 4 96819
Position in labor organization. Trustee Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the except as interest in, engaged in transactions (including loans) with, or	clusions set fo	orth in the instructions):	efit of
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the except as interest in, engaged in transactions (including loans) with, on monetary value from an employer whose employees your organiza	or derived incation repres	orth in the instructions): come or other economic bene ents or is actively seeking to	efit of represent.
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the except an interest in, engaged in transactions (including loans) with, on conetary value from an employer whose employees your organizations. Name and address of Employer (including trade name, if any).	or derived incation repres	orth in the instructions):	efit of represent.
Enter appropriate data below if, during the past fiscal year, you or your specified in the except as specified in the except as interest in, engaged in transactions (including loans) with, on one tary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any).	or derived incation repres	orth in the instructions): come or other economic bene ents or is actively seeking to	efit of represent.
Position in labor organization. Trustee Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the except as specified in the except as in, engaged in transactions (including loans) with, conetary value from an employer whose employees your organizations. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	or derived incation repres	orth in the instructions): come or other economic bene ents or is actively seeking to re of Interest, Transaction, or Inc.	efit of represent.
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Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc. Held an interest in, engaged in transactions (including loans) with, one content yealue from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	or derived incation repres	orth in the instructions): come or other economic bene ents or is actively seeking to re of Interest, Transaction, or Inc.	efit of represent.
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Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc.). Held an interest in, engaged in transactions (including loans) with, one nonetary value from an employer whose employees your organizary. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	or derived incation repres	orth in the instructions): come or other economic bene ents or is actively seeking to re of Interest, Transaction, or Inc.	efit of represent.
Enter appropriate data below if, during the past fiscal year, you or your specified in the except as s	or derived incation repres	orth in the instructions): come or other economic bene ents or is actively seeking to re of Interest, Transaction, or Inc.	efit of represent.
Enter appropriate data below if, during the past fiscal year, you or your specified in the except as s	gnature of Perjury and	orth in the instructions): come or other economic bene ents or is actively seeking to re of Interest, Transaction, or Inc. unt. other applicable penalties of the ints), has been examined by the	e law, that all of the information
Enter appropriate data below If, during the past fiscal year, you or your specified in the except as s	gnature of Perjury and	other applicable penalties of the ents), has been examined by the nalties in the instructions.)	e law, that all of the information

Name of Person Filing Edison Keomaka	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Hawaii Masons & Plasterers Training Trust Fu	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any Street 2251 North School Street	c. Employer
City Honolulu	
State Hawaii ZIP Code + 4 96819	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Employed by Hawaii Masons & Plasterers Training Trust Fund. Fringe benefits are part of employment
Trade Name, if any:	arrangment. Outer island travel, seminar attendance, and reimbursed expenses are all job-related. See Attachment - Page 1 of 8
P.O. Box, Bldg., Room No., if any	See Attachment - Page 1 or 8
Street	11.b. Approximate dollar value of such dealing. \$45,526
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Employed by Hawaii Masons & Plasterers Training Trust Fund to coordinate and aid in overseeeing general training program activities. Instructor fees are paid for services performed to provide active guidance and teaching. See Attachment - Pg 1 of 8
	12.b. Amount. \$106.392
	12.b. Amount. \$106,392
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Edison Keomaka	File Number U-
	1

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Masons Vacation and Holiday Trust Fund	William Committee		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Company of the compan	To Complete		
Street 2251 North School Street	c. Employer		
City Honolulu			
State Hawaii ZIP Code + 4 96819			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment		
Trade Name, if any:	2 of 8 pages)		
P.O. Box, Bldg., Room No., if any			
Street			
City			
Oity			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$32		
	12.a. Nature of interest held or income received.		
	12.b. Amount.		

Name of Person Filing Ed	dison Keomaka	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mason Health and Welfare Trust Fund	Section 1 de la Companya de la Compa	
Trade Name, if any:	a. Labor Organization	
Here again when the development of this development in the training and the section of the contract management as a management and a management of the section of the secti	b. Trust	
P.O. Box, Bldg., Room No., if any	Processor 4	
Street 2251 North School Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96819		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Expenses incurred as trustee on multi	iemployer
Trade Name, if any:	Taft-Hartley employee benefit plan (See 3 of 8 pages)	e Attachment
P.O. Box, Bldg., Room No., if any		
Street		
Secretary to the control of the cont		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$125
	12.a. Nature of interest held or income received.	
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		de calendar de
		Do. commission of the commissi
		t Pirit statement
		The state of the s
		300 CT (CT)
		Order di ed. ed. succió como conde como con concoció con como
	12.b. Amount.	

Name of Person Filing Edison Keomaka	
Remarks of Fisher and Edison Keomaka	File Number U-

O Name and address 5D :	43	O Dusinges deals with		
o. Name and address of Busir	ness (including trade name, if any).	9. Business deals with:		
Name Masons Pension Trust Fund		2 Labor Organization		
Trade Name, if any:	and the second of the second o	a. Labor Organization		
P.O. Box, Bldg., Room No., if	any	b. Trust		
Street 2251 North Scho	ool Street	c. Employer		
City Honolulu	Short School physical section (1971) And Company of the Company and the State of the Company of			
State Hawaii	ZIP Code +4 96819			
10. If 9.b. or 9.c. is checked give	trust or employer's name.	11.a. Nature of such dealing.		
Name	And the first that the first are in the information in a country data decompany which are trained as a company which a decision of the information	Expenses incurred as trustee on multiemployer		
Trade Name, if any:		Taft-Hartley employee benefit plan (See Attachment 4 of 8 pages)		
P.O. Box, Bldg., Room No., if a	Iny			
Street	an igge medicing segocial in the confidence and medicine			
City				
Secretaria de la consecuencia della del				
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$15,25		
		12.a. Nature of interest held or income received.		
		12.b. Amount.		

Name of Person Filing Edison Keomaka	
Kame of Crash and Edison Keomaka	File Number U-

8. Name and address of Busin	ness (including trade name, if any).	9. Business deals with:		
Name Hawaii Masons & Plasterers Annuity Trust Fun Trade Name, if any: P.O. Box, Bldg., Room No., if any		a. Labor Organization b. Trust		
Street 2251 North Scho	ool Street	c. Employer		
City Honolulu				
State Hawaii	ZIP Code + 4 96819			
10. If 9.b. or 9.c. is checked give	trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if a		Expenses incurred as trustee on m Taft-Hartley employee benefit plan 5 of 8 pages)	nultiemployer (See Attachment	
Street				
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$6,061	
		12.a. Nature of interest held or income received.		
		12.b. Amount.		

Name of Person Filing Edison Keomaka	
Name of reison Filling Edison Foomaka	File Number U-
a Edibon Reomaka	i lie i dillibei O-

9. Business deals with:
9. Dusiness deals with:
a. Labor Organization
a Labor Signification
b. Trust
c. Employer
11.a. Nature of such dealing.
Gift of wine bottle
11.b. Approximate dollar value of such dealing. \$49
12.a. Nature of interest held or income received.
12.b. Amount.

Name of Person Filing	Edison	Keomaka
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File Number U-

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sierra Investment Partners. Inc.	a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Parameter and the second of th	Name of the second of the seco	
Street 101 Ygnacio Road	c. Employer	
City Walnut Creek		
State California ZIP Code + 4 94596		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Hawaii Masons & Plasterers Annuity Trust Fun	Gift of wine bottle	
Trade Name, if any:		1
The state of the s		
P.O. Box, Bldg., Room No., if any		
Street 2251 North School Street		1
City Honolulu		
Transfer of the control of the contr	And the second design	i i
State Hawaii ZIP Code + 4 96819	11.b. Approximate dollar value of such dealing. \$4	١9,
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Page 1 of 8 pages

Attachment to Form LM-30, Line 11.a,b

TR	Date of payments January 1, 2004 through December 31 2004 January 1, 2004 through	Amount of payments 12,131 10,193 5,363 27,687	Annuity Pension Outer island travel done monthly	Method of payment Check
	December 31 2004	2,789 178 2,967	Hotel Materials	
	January 1, 2004 through December 31 2004	5,112 3,171 - 767 909 9,959	Hotel Registration Auto Meals	Check
	January 1, 2004 through December 31 2004	159	Meetings Meal expenses for attendence at quarterly trust fund meetings	Check
	January 1, 2004 through December 31 2004		<u>Others</u>	
		4,754	Reimbursed expenses- Supplies, meetings, fees, etc.	Check
	Total	45,526	:	
Attachmei	nt to Form LM-30, Line 12.a,	,b		
	January 1, 2004 through December 31 2004	99,472 6,920	Wages Wages Vacation fringe benefit	Check Check
	Total	106,392		

Amounts paid to as an employee of the Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 2 of 8 pages

Attachment to Form LM-30, Line 11.a,b

VH January 1, 2004 through December 31, 2004

Amount of payments

Kind of payment

32 Meeting expenses for attendence at quarterly trust fund meetings

Method of payment payment

Check

32

Amounts paid on behalf as a trustee of Masons Vacation and Holiday Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 3 of 8 pages

Attachment to Form LM-30, Line 11.a,b

Amount of payments

Kind of payment

Method of payment

Date of payments
January 1, 2004 through
December 31, 2004

HW

Meeting expenses for attendence at quarterly trust fund meetings

<u>payment</u> Check

12 Meeting expenses for attendence at special trustee meeting

125

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 4 of 8 pages

Attachment to Form LM-30, Line 11.a,b

PN	<u>Date of payments</u> January 1, 2004 through December 31, 2004	Amount of payments 309	Kind of payment Meeting expenses for attendence at quarterly trust fund meetings	Method of payment payment Check
		12	Meeting expenses for attendence at special trustee meeting	
	- -	321	- -	
	May 2004	7,598	Seminars Washington DC (See attached page 6	6 of 8)
	November 2004		Lake Buena Vista, Florida (See attach	ed page 7 of 8)
	- Total _	14,934 15,255	- -	

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 5 of 8 pages

Attachment to Form LM-30, Line 11.a,b

AN	<u>Date of payments</u> January 1, 2004 through December 31, 2004	Amount of payments 129	14' 1 5 4	nod of payment <u>payment</u> Check
	_	-	Meeting expenses for attendence at special trustee meeting	
	April 2004	5,932	<u>Seminars</u> Tucson, Arizona (See attached page 8 of 8)	
	Total =	6,061	:	

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Edison Keomaka International Foundation - Legislative Update - Pension Washington, DC

No Date
291.98 3.75 10.08
5.00
13.48
3.85
22.33 327.81

Edison Keomaka NCCMP 2004 Annual - Pension Lake Buena Vista, Florida

Item	4.1	No Date	11/26/04	11/27/04	11/28/04	11/29/04	11/30/04	12/01/04	12/02/04	12/03/04	12/04/04
Airfare, Train, Bus Meeting Registration	s ion	4,722.46 825.00									
Hotel Breakfast				266.49	266.49	266.49	266.49	181.42	181.42 2.00	135.78	2.00
Lunch Dinner Porters-Bellman Taxis, Bus			3.00	3.00	14.81 12.81	10.83	7.89 7.89	6.00 6.00		4/./	3.00
Maid Snack Airport Parking					4.00	4.00	4.00 6.46	4.00	3.00	3.00	3.00 5.39
Coffee Car Rental Gas Valet										53.52 12.57	
Private Auto - mileage Cart Parking	ileage		3.85	3.00				4.00	3.00		3.85
Long Distance Laundry											
Totals 7,3	7,335,58	5,547.46	6.85	272.49	285.30	281.32	295.02	223.87	189.42	214.61	19.24

76.74

160.38

168.36

348.19

327.79

305.99

341.96

13.83

4,188.80

Totals

Edison Keomaka International Foundation - Investment Institute - Annuity Tuscon, Arizona

Airfane, Train, Bus Meeting Registration 3,258.80 and setting Registration 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04 4/25/04						5,000				
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291.33 291.33 112.46 112.46 6.90 6.19 21.39 21.39 112.46 6.90 6.90 6.19 21.39 21.39 21.39 5.00 35.00 4.00 4.00 4.00 3.00 4.67 8.17 4.67 4.67 4.67 8.17 4.67 4.67	Airfare, Train, Bus Meeting Registration	3,258.80 930.00								
5.00 5.00 35.00 4.00 4.00 4.00 3.00 4.98 4.44 10.66 8.17 4.67	Hotel Breakfast Lunch Dinner			291.33 6.19	291.33	291.33 21.39	291.33 18.56 26.13	112.46 16.15 30.75	112.46 6.90 5.40 27.95	06.9
4.00 4.00 4.00 4.00 3.00 4.98 4.44 10.66 8.17 4.67 3.85	Porters-Bellman Taxis, Bus		2.00	5.00				2.00		3.00
4.98 4.44 10.66 8.17 4.67 3.85 3.85	Maid				4.00	4.00	4.00	4.00	3.00	3.00
3.85	Snack Airport Parking Other: Coffee		4.98	4.44 44	10.66		8.17		4.67	4.42
3.85	Car Rental Gas									36.29 19.28
	Valet Private Auto - mileage Cart Parking Toll Long Distance Laundry		3.85							3.85